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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED

DEC 02 2019 ^{bw}

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Donald Henneberg
#20181129048

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

1:19-cv-07883
Judge Sara L. Ellis
Magistrate Judge Jeffrey Cole
PC 6

vs.

Case No: _____
(To be supplied by the Clerk of this Court)

Tom Dart
Health Care Service

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

AMENDED COMPLAINT

☒ COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

☐ COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

☐ OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

Reviewed: 8/2013

I. Plaintiff(s):

- A. Name: Donald Henneberg
- B. List all aliases: N/A
- C. Prisoner identification number: 20181129048
- D. Place of present confinement: Cook County Jail
- E. Address: P.O. Box 089002 Chicago, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In **A** below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in **B** and **C**.)

- A. Defendant: Tom Dart
Title: Sheriff of Cook County
Place of Employment: Cook County Jail
- B. Defendant: _____
Title: _____
Place of Employment: _____
- C. Defendant: _____
Title: _____
Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: N/A
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On 06/05/19 in Cook County Jail in Div. B Division 10 3.B, I was infected with dangerous chemicals. My lunch was opened by staff, to take out the plastic tray, without gloves and leaving the package open and placed in the door. We were then told we had to leave to go to Rec. I didn't have time to eat and was told I couldn't take it with me and would just have to leave it and eat it when I came back. While we were gone they sprayed the entire Deck with pesticides. I didn't know they sprayed, they didn't tell us and I ate my food when I came back like I was told, not knowing the pesticides had gotten in my food until I got really sick and started asking questions about the food and then found out they sprayed the same day I got sick eating my food. I continue to get sick and have bad heartburn and indigestion when I eat and I'm trying to get on some medication and I have been putting medical slips to see why the pain continues but haven't got any medical treatment yet except given some Tylenol, but I continue to have problems eating and with pain.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

V. **Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.


I am seeking 1.5 million in damages caused by being poisoned at Cook County Jail, causing permanent damage to my health and other damages to my life that may not be seen until years later from the chemicals injected.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this Nov day of 06, 2019


(Signature of plaintiff or plaintiffs)

Donald Henneberg
(Print name)

20181129048
(I.D. Number)

Cook County Jail
P.O. Box 089002 Chicago, IL 60608
(Address)